PTO/SB/17 (10-08)

PIOSBITT (10-69)
Approved for use through 66/302010. 0690 8695-6032
U.S. Felant and Trademac Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information services it Regulary a valid 1085 corred number

Effect		Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application No	ımber 10/57	3,890	Conf. No.: 9930
FEE TRANSMITTAL For FY 2009			Filing Date	March	March 29, 2006	
			First Named I	First Named Inventor Kazutaka NAKAMOTO		
			Examiner Nar	Examiner Name Patricia L. Morris		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1625		
TOTAL AMOUNT OF PAY	MENT (\$	810.00	Attorney Dock	et No. 3939-	0118PUS1	
METHOD OF PAYMEN	T (check al	I that apply)				
Check Credit	Card [	Money Order	None Other	(please identify):		
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s)						
warning: Information on this information and authorization	s form may b	ecome public, Credit ca		, , ,		ovide credit card
FEE CALCULATION		•				
1. BASIC FILING, SEAF	CH AND	EXAMINATION FEI	FS			
FILING FEES SEARCH FEES EXAMINATION FEES						
Application Type	Fee (\$)	Fee (\$) Fe	Small Entity ee (\$) Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)
Utility	330		40 270	220	110	
Design	220		00 50	140	70	
Plant	220		30 165	170	85	
Reissue	330		40 270	650	325	
Provisional	220	110	0 0	0.00	0	
2. EXCESS CLAIM FEE		110	0	v	-	Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					52 220	26
Each independent claim over 3 (including Reissues) Multiple dependent claims					390	110 195
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						pendent Claims
17 - 20 or HP =	0	_ x=	0.00		Fee (\$)	Fee Paid (\$)
HP = highest number of total Indep, Claims	extra Clair		Fee Paid (\$)			
2 - 3 or HP =	0	x=	0.00			
HP = highest number of inde		s paid for, if greater than 3	3.			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
		, the application siz				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 =	0	/50 =0		whole number)		(\$) <u>Fee Paid (\$)</u> = 0.00
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): Request for Continued Examination 810.00						
SUBMITTED BY						
Signature	-7/	7 74891	Registration No (Attorney/Agent)	32881	Telephon	e 703-205-8000
Name (Print/Type) John W. E	Bailey C	, ,,,,,	(Amonio)NAGERI)		Date	NOV 2 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the In so collection contained as required by 27 CFR 1.136. The information is required to Data or relatin a benefit by the public which to its 90 minutes to complete a property of the property of the public which to its 90 minutes to complete, including spiral many property of the public which to its 90 minutes to complete, including spiral many property of the public which the pu